

Please type a plus sign (+) inside this box \rightarrow +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

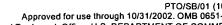
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			Attorney Docket Number	r MAC1001U	
			First Named Inventor	Brian K. Courtney	
			COMPLETE IF KNOWN		
(37 CFR 1.63)		Application Number			
D		□ Daslasstica	Filing Date		
Declaration Submitted with Initial Filing	OR	Declaration Submitted after Initial	Group Art Unit		
		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name		

As a below named inventor, I he	reby declare that:					
My residence, mailing address, an	d citizenship are as sta	ted below next to my nan	ne.			
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Distal Embolization Protection Suction System to Enable Vascular Procedures by Means of a Proximally Positioned Inflatable Occlusion						
		Fitle of the Invention)	11.00.000.0			
the specification of which						
is attached hereto OR		as United St	ates Application !	Number or PCT International		
☐ was filed on (MM/DD/YYYY)						
Application Number	and was a	mended on (MM/DD/YY)	Y)	(if applicable).		
I hereby state that I have reviewed amended by any amendment spec	d and understand the co	ontents of the above iden	tified specification	n, including the claims, as		
I acknowledge the duty to disclose in-part applications, material inforr PCT international filing date of the	nation which became a	vailable between the filin	defined in 37 CF g date of the prio	R 1.56, including for continuation- r application and the national or		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
			0000	0000		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s) 60/208,953	Filing Dat 05/31/200	e (MM/DD/YYYY) DO	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
(Page 1 of 2)						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box \longrightarrow



Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	-		-		_	
I lirect all correspondence to: I 🗛 I	Customer Nu or Bar Code I	1.41			OR	Correspondence address below
Name		P/	25 I ATENT TRADEN	97 MARK OFFICE		
Address						
Address						
City				State		ZIP
Country		Telephon	e			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A petitio	n has been fi	led for this unsigned inventor
Given Name Brian K. Family Name Courtney (first and middle [if any]) or Surname						
Inventor's Signature Date 5/31/2001						
Residence: City Redwood City	·		CA State	С	ountryUS	Citizenship Canadian
Mailing Address 201 Monroe S	treet					
Mailing Address						
_{City} Mountain View	_{State} CA			ZIP 9	4040	Country US
NAME OF SECOND INVENTOR	:			A petitio	n has been fi	led for this unsigned inventor
Given Name John M. (first and middle [if any])				Family Nor Suma	ame MacMa	ahon
Inventor's Signature Date 5/31/2001						
Residence: Lity Mountain View	N		State CA	1	Country US	Citizenship US
Mailing Address 201 Monroe Street						
Mailing Address					-	
city Mountain View	State CA			ZIP 94	1040	Country US
★ Additional inventors are being named	on the 1	suppleme	ntal Addition	nal Invento	or(s) sheet(s) PT	O/SB/02A attached hereto.



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid QMB control number.

DECLARATION

Please type a plus sign (+) inside this box -

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if a	ny:		A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any	/])		Family Name	or St	urname		
Thomas G.		Go	off				
Inventor's Throng M. M.				Date 05.3/.01			
Residence: City Mountain View	State CA		Country US		Citizenship US		
Mailing Address 201 Monroe Street							
Mailing Address							
_{City} Mountain View	State CA		ZIP 94040 Co	ountry	, US		
Name of Additional Joint Inventor, if a	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any	<u>(l)</u>		Family Name or Surname				
·							
Inventor's Signature					Date		
Residence: City	State	Country			Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP	Coun	ntry		
Name of Additional Joint Inventor, if a	ny:	A	A petition has been filed fo	r this	unsigned inventor		
Given Name (first and middle [if any	i)	Family Name or Surname					
Inventor's Signature				Date			
Residence: City State			Country		Citizenship		
Mailing Address							
Mailing Address			· · · · · · · · · · · · · · · · · · ·	,			
City	State		7IP	Col	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box -

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER	OF	ATT	ORN	EY	OR
AUTHOR	IZA	TION	OF	AG	ENT

Application Number		
Filing Date		
First Named Inventor	Brian K. Courtney	
Group Art Unit		
Examiner Name		
Attorney Docket Number	MAC1001U	

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date Date	I hereby appo	int:						
As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR			25197		Num Labe	ber Bar Code Dinere	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State Zip Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	☐ Practition	ier(s) na	med below:			PATENT T	RADEMARK OFFICE	
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			Name		R	egistration Nur	mber	
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	ļ							
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date Date Date ST31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							ransact all	
The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	business in the	Officeu .	States Faterit and T	rademark Office co	minected ti	ierewith.		
Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR							
Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	1 1	ame					31.	
City Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		1111						
Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address							
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/31/206 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City				State	Z	Zip	
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/3//200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/3//200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone				Fax			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Brian K. Courtney Signature Date 5/3//200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:							
Signature Date Norme: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applican	t/Invento	or.					
Name Brian K. Courtney Signature Date 5/3//200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Date Date 5/3//200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			SIGNATURE of	Applicant or Assign	ee of Reco	rd		
Date 5/3//2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	Briạn						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature	Bera	list					
forms if more than one signature is required, see below*.	Date	5/	31/2001			•		
☑ *Total of 3forms are submitted.				ord of the entire interest	or their repre	esentative(s) are r	required. Submit multiple	е
	▼Total of 3	for	ms are submitted.					





Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		•
Filing Date		
First Named Inventor	Brian K. Courtney	
Group Art Unit		
Examiner Name		
Attorney Docket Number	MAC1001U	_

OR	rs at Customer Number 25197 (s) named below:	Number Bac Code Label Rece PATENT TRADEMARK OFFICE					
	Name	Registration Number					
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.							
OR Firm or							
Individual Name							
Address							
Address City		State Zip					
Country		Judie Lip					
Telephone		Fax					
I am the: X Applicant/Ir	I am the:						
	f record of the entire interest. See 37 under 37 CFR 3.73(b) is enclosed. (F						
	SIGNATURE of Applicant or	Assignee of Record					
Name J	ohn M. MacMahon						
Signature	11 72						
Date	5/31/2001						
	e inventors or assignees of record of the entire nature is required, see below*.	e interest or their representative(s) are required. Submit multi	ple				
☑ *Total of 3	forms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.







Please type a plus sign (+) inside this box —

	_	→	+
--	---	----------	---

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	_	
Filing Date		
First Named Inventor	Brian K. Courtney	
Group Art Unit		
Examiner Name		
Attorney Docket Number	MAC1001U	

_ OR	ners at Cu	ed below: Name	25197		Registra	Planting Number Label Ren PATENT TRA	Prince Sel Coure e 1 9 7 DEMARK OFF	CICE
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR								
Firm <i>or</i> Individual Na	ame							
Address	mig							
Address								
City				State		Zip		
Country							18	
Telephone				Fax				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name	Thomas	s G. Goff	,					
Signature	Them	an of shill	7					
Date	5/31	1/01						
NOTE: Signatures of all forms if more than one	signature is r	required, see below*.	rd of the entire interest	or their	representativ	re(s) are require	ed. Submit	multiple
☑ *Total of <u>3</u>	forms	s are submitted.						